

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34482**

FILED SEP 23 1957

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>2148</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <b>Missouri</b> -b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Creve Coeur</b>		c. LENGTH OF STAY (in this place) <b>36 yrs.</b>		c. CITY OR TOWN <b>4000 Creve Coeur</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fee Fee Rd. R. #1 Box #63</b>				e. STREET ADDRESS (If rural, give location) <b>R. #1 Box #63 Fee Fee Rd</b>			
3. NAME OF DECEASED (Type or Print) <b>Annie</b>		a. (First)		b. (Middle)		c. (Last) <b>Schnarr</b>	
4. DATE OF DEATH <b>Aug 27 1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <b>Married</b>	
8. DATE OF BIRTH <b>May 6, 1890</b>		9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Normandy, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jacob Manshardt</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Charles H. Schnarr</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Charles H. Schnarr, R. #1 Box #63</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Neuro-circulatory collapse</b>  ANTECEDENT CAUSES DUE TO (b) <b>Myocardial degeneration</b> DUE TO (c) <b>Atherosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral vascular accident</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12/14, 1954</b> , to <b>8/11, 1956</b> , that I last saw the deceased alive on <b>Aug 11, 1956</b> , and that death occurred at <b>5:02 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>William Seibert, D.D.</b>				23b. ADDRESS <b>Creve Coeur, Mo.</b>		23c. DATE SIGNED <b>8/28/57</b>	
24a. BURIAL OR CREMATION (Specify) <b>Burial</b>		24b. DATE <b>Aug. 30, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Ev. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Creve Coeur Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-28-57</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Barthmann Bros. Inc. 2504 Woodson Rd., Overland 14, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
David C. Gibson

Licensed Embalmer No. 345

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.